rage 4 may be retained by the mospital of according physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

PLACE DF DEATH
2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admiss

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
a. COUNTY GARRETT MARYLAND	a. STATE MARYLAND b. COUNTY GARRETT
b. CITY DR TOWN (If outside corporate limits, c. LENGTH DF STAY IN 1b write RURAL and give nearest town)	c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town)
OAKLAND 9 DAYS	OAKLAND Rural
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS   e. IS RESIDENCE
GARRETT COUNTY MEMORIAL HOSPITAL	BOX # 118 ROUTE # 1 ON A FARM?
3. NAME OF First Middle	Last   4. DATE Month Day Year
OECEASED (Type or print)  CLYDE  WILSON  BREE	EDLOVE DEATH NOVEMBER 30 1966
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8	B. DATE OF BIRTH 1880 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
	FEBRUARY 9, 1890: 7776 yrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT
during most of working life, even if retired)   INDUSTRY   Building I	Iprse Shoe W.VA. CDUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
DADUDO E TER DEMENTALE	ATMA TAND CETT
ROBERT E. LEE RREEDLOVE  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT Address OAKLAND, MD.
(Yes, no. or unkown) (If yes give war or dates of service)	IFE-PEARL M. BREEDLOVE-BOX # 118 RFD. # 1
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Melasile Vie Pa	en monga 6mos.
DUE TO	, / //
Conditions, If any, which (b) Cancinoma o	f prostate 18mm
gave rise to immediate ( cause (a), stating the DUE TO	
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
NO.	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I or Part II of Item 18.)
factor	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bidg., etc.)
P.m. 19 While Not While at work	
21. I certify that (I) (this hospital) attended the deceased from	un 1966, to NOVEMBER3019 66, that (I) (we) last
saw the deceased alive on NOVEMBER 30 1966, and that	death occurred at 7:40 M, strom the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SIGNED
M.D.	ATTENDING MED. STAFF DIRECTOR PHYS. D 2 Dec 66
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
DR. B. L. GRANT	OAKLAND, MARYLAND
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 1 23d. LOCATION (City, town or county) (State)
Burial 12/3/66 Fexas Method	list ChurchHorse Shoe Run. W. Va.
24. FUNERAL DIRECTOR Ohn O Direct CAPPRESS	25a. REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE
Leighton-Durst Funeral Home, Oakland	Md. DATE DEC 5 1966 Charles Judge

VR A15 (4) 15M 4-64

• 

James H. Feaster, Jr., M. D.

please execute the may be retained for yaur FUNERAL DIRECTOR: Page tuneral director. TO FUNE Health the VR A15ME (5) 6M 1/66

ar

(Type)

FUNERAL DIRECTOR

23a. BURIAL CREMATION,

Address (Street, city, town, or county) Oakland, Md. 23d. LOCATION (City or Town) (County)

> Oakland. Maryland 25b. REGISTRAR'S SIGNATURE

Inquiry

Oakland Cemeterv 25g. REC'D BY REGISTRAR

DEPUTY MEDICAL EXAMINER

Oakland, MarylandDATE

23c. NAME OF CEMETERY OR CREMATORY

NOV 1966 Marley

Garrett

Doy

Days

12. CITIZEN OF WHAT

COUNTRY?

IF UNDER 1 YEAR

USA

Months

e. IS RESIDENCE ON A FARM?

NO TO

Year

1966

IF UNDER 24 HRS

Haurs

INTERVAL BETWEEN

ONSET AND DEATH

19. WAS AUTOPSY PERFORMED?

NO F

(Stote)

and in my opinian

22. DATE SIGNED

(Stote)

11-11-66

Years

(County)

THE OF THESE

State of the state

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	15681	. MEDICAL EXAMINER	S CERTIFICATE (	OF DEATH	15683
1.	PLACE OF DEATH o. COUNTY			Where deceased lived, if institution: Res	sidence before admission)
	Garrett	MARYLAND	o. STATE Md	b. COUNTY	Garrett
	b. CITY OR TOWN (If autside carparate lim write RURAL and give nearest tawn)	nits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o	utside carparate limits, write RURAL ond	give nearest tawn)
	Oakland	DOA	Friend	dsville	11 - 1
-	d. NAME OF HOSPITAL OR INSTITUTION (IF	nat in haspital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	Garrett County	Memorial Hospita	1		YES X NO
		First Middle	Detrick	4. DATE Manth OF Nov. 21	Day Year 19 66
S.	SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UN last birthday) Mant	DER I YEAR   IF UNDER 24 HRS. hs Days Haurs Min.
	FW	WIDOWED DIVORCED	Feb. 26,	1882 84 yrs.	
10	a. USUAL OCCUPATION (Give kind of wark don tring most of working life, even if retired)	ne 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	ar foreign country)	2. CITIZEN OF WHAT COUNTRY?
U	Housewife	Own Home		ville, Md.	USA
1	B. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
L	Jonas Teats			rine Slagle	
1	<ol> <li>WAS DECEASED EVER IN U.S. ARMED FORCES (es, no, ar unknawn) (If yes give war ar date.</li> </ol>	S? 16. SOCIAL SECURITY NO. 1	7. INFORMANT	Address	
Ľ	No		Miss Cora	Detrick, Friend	dsville, Md.
	18. CAUSE OF DEATH (Enter only one of	cause per line far (a), (b), and (c).)			INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUS	SE (a) Coronary thrombo	sis		Hours
		Of 3U		a	35
	Conditions, if ony, which gave ) rise to immediate cause (o),	(b) Arteriosclerosis	, generatize	u	Years
	stating the underlying cause	JE TO			
1	last.	(c)			LIO WAS AUTORS
ATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CO	NDITION GIVEN IN PART I(a)	19. WAS AUTOPSY PERFORMED? YES NO
CERTIFICATION		20b. DESCRIBE HOW INJURY OCCURR	ED. (Enter nature af injury in	Part I ar Part II af item 18.)	
MFDICAL	20c. TIME OF INJURY Manth, Doy, Year Haur a.m.	While - Nat While -	PLACE OF INJURY (Hame, fart factary, street, affice bldg., etc		(County) (State)
	21. I certify that I took char	ge of the remoins described above,	held on Autopsy [],	Inspection X, Inquiry X	ond in my opinior
		- ( /	uicide, Homicide		
	ACTUAL XC	-7	CHIEF MEDICAL	EXAMINER	
	SIGNATURE COM	leste of	IN.D.	DICAL EXAMINER	22. DATE SIGNED
	EXAMINER'S James H. F	easter, Jr., M. D.		AL EXAMINER <b>x</b> of, city, town, or county <b>Oakland</b>	
2	Ba. BURIAL, CREMATION, 23b. DATE T	THEREOF 23c. NAME OF CEMETERY		23d. LOCATION (City or Town)	(County) (State)
	REMOVAL (Specify) Burial 11/24	-/66 Steele Cem	etery	Friendsville	.Garrett.Md
	4 FUNERAL DIRECTOR	ADDRESS	2Sa. REC	D BY REGISTRAR 25b. REGISTRAN	R'S SIGNATURE
V	with E. Herry	Crantstile	DATE DATE	NOV 30 1966 20	harley Judge

VR A15 (4) 15M 4-64

GARRETT

e. IS RESIDENCE ON A FARM?

YES NO Year 66

19 AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. last birthday) | Months | Days | Hours | Min.

> 12. CITIZEN OF WHAT COUNTRY? U.S.A.

Address

INTERVAL BETWEEN

WAS AUTOPSY PERFORMED?

ONSET AND DEATH

NO 4 YES

(County)

(State)

M. The causes and on the date stated above. DATE SIGNED

laryland

Oakland, Maryland

THAT I The second of th 8 R P and the second s The state of the s THANK IN THE A CANDY DEED IN TOM HAD BEEN THE BEEN

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 15683 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY Garrett Garrett Maryland MARYIAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Vrs. Sang Run e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Oak Rest Nursing Home YES NO IN 3. NAME OF First Middle 4. DATE Month Dov Lost DECEASED OF November 1. DICIE ELIZABETH FRIFND 66 (Type or print) S. SEX B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE 7 MARRIED NEVER MARRIED last-birthdoy) Doys Female White 28.1875 WIDOWED DIVORCED 100. USUAL OCCUPATION (Give kind of work done 10h KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) Md. 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Sang Run. Garr.Co. home 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Rachael Ross John F. Friend. IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (Brother) 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give war or dotes of service John F. Friend. Jr.. McHenry, Md. None INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Uremia IMMEDIATE CAUSE (o). DUE TO Arteriosclerotic cardio-vascular disease Years Conditions, if ony, which gove (b) rise to immediate couse (a), DUF TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? NO 20o. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. Not While at work Ata 10-31-66 19 21. I certify that (1) (this haspital) attended the deceased fram /-14-50 19 \_\_, that (I) (we) last saw the deceased alive an 10-31-66 and that death accurred at 4: 30 M. fram causes and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. Nov. 2. 1966 DIRECTOR M.D. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) James H. Feaster. Jr., M.D. Oaldand, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (County) REMOVAL (Specify) Oakland Cemetery Oakland. Maryland 2So. REC'D BY REGISTRAR ADDRESS 2Sb. REGISTRAR'S SIGNATURE Charles

ome . Oak land .

DATE

1966

death, requires that the death certificate be executed within 24 haurs after death by the funeral Pages 1 and 2 after van papers. Pag within 72 haurs and campletely filled in carban please remave in ap physician c pup or remaval, attending permit. The crematian, signed by the burial-transit burial, cremati physician. as the attending has been ATTENDING PHYSICIAN: The law far use Health by the hospital ar certificate J'D detached Dept. TO FUNERAL DIRECTOR: After this State be retained page 3 shauld e filed with the O HOSPITAL director, p

VR A15 (4) 20 M 1/66

Leighton-Durst

Fune ral

The state of the state of the state of . Oc. Trans. Cont. Mark The Cont. and the section of th that the state of 的一种。这是一种,但是一种,我们就是这种多数的现在分别的。 

## FOR STATE HEALTH DEPT. PM3. Poge

Office olong with form

Division of

5 moy be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours offer deoth. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to

the funeral director. Page 4 should be forwarded to the Chief Medical Examiners

O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File largest and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours ofter death.

MAKTLAN	ID STATE DEPAR	CIMENI OF HEAL	IH		
of STATISTICAL RESEARCH AND	RECORDS, 301 W	. PRESTON STREET,	BALTIMORE,	MARYLAND	2120

15684 MEDICAL EXAMINER'S	CERTIFICATE OF	DEATH	15686
1. PLACE OF DEATH o. COUNTY Garrett MARYLAND	2. USUAL RESIDENCE (When	re deceased lived, if instituti Virginia	on: Residence before admission) ITY Grant
b. CITY DR TDWN (If autside corporate limits, write RUBAL and give paorest town)  c. LENGTH OF STAY IN 1b  Minutes		e corporate limits, write RUR	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  (DOA) Garrett Co. Mem. Hospital	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
(Type or print)	etz	OF NOV.	19th. 1966
White WIDOWED DIVORCED	8. DATE OF BIRTH Sept. 16, 1	9. AGE (In years last birthday) yrs.	IF UNDER 1 YEAR   IF UNDER 24 HRS.   Months   Days   Hours   Min.
100. USUAL OCCUPATION (Give kind of work done ducing most of working life, even if retired) Maintainance Man Processing Plan  13. FATHER'S NAME	II. BIKIMPLACE (State of t	rg, W.Va.	12 CITIZEN OF WHAT COUNTRY?
F. Leon Getz	Irene Ma	rie White	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war ar dates of service)  16. SDCIAL SECURITY NO. 17.	INFORMANT dine Idelma	Addre	(DTO OCT)
18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  ## MMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gove (b)  rise to immediate cause (a),	TION ON OF BLOOD		INTERVAL BETWEEN ONSET AND DEATH MINUTES 19
stating the underlying cause DUL 10	OF MAXILLA		n
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDIT	ION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
200. EXTERNAL CAUSE WAS PRIMAR PLO OF CONTRIBUTING CAUSE OF DEATH.  200. TIME OF INJURY Month, Day, Year  200. TIME OF INJURY Month, Day, Year  200. TIME OF INJURY MONTH, Day, Year  200. Month of Mark Plant 1 - 19  200. TIME OF INJURY MONTH, Day, Year  200. Month of While Not While Injury Month in Injury Occurred Month of Mon	Cident Rt. 560	22mi. S. Lo	och Lynn, Md.
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA While of work of work of work	ACE DF INJURY (Home, farm,	20f. (City or town) Rural) Mt. I	(County) (Stote) ake Park Garr.Md
21. I certify that I taak charge of the remains described above, he death resulted from: Natural couses , Accident Suitant Signature (James H. Feaster, Jr., M. D.	eld an Autapsy (K), I cide (), Hamicide ( CHIEF MEDICAL EXA M.D. ASSISTANT MEDICAL DEPUTY MEDICAL EX	, Undetermined mo	
230. BURIAL (REMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR Bayard Ceme	crematory	23d. LOCATION (City or Tow Bayard, W	· Va·
24 FUNERAL DIRECTOR John O. Durst Hone Oaldan	DATE NOV	REGISTRAR 25b. REG	GISTRAR'S SIGNATURE

VR A15ME (5)

## MARYLAND STATE DEPARTMENT OF HEALTH

301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Division of STATISTICAL RESEARCH AND RECORDS,

15685 FOR STATE HEALTH DEPT.

> pages 1 and 2 with the State Department of in any event within 72 hours after death.

> > Dung

Health or its designated agent, priar ta burial, crematian, ar remaval,

#### MEDICAL EXAMINER'S CERTIFICATE OF DEATH

15687

		PLACE OF DEATH o. COUNTY Ga	rrett		N	IARYLAND	o. STATE	ence (Where of Maryl		institution: b. COUNTY	Residence be	fore odmiss	ion)
		b. CITY OR TOWN (I write RURAL and (Rural)	f autside carparate limit give nearest town) Bittings	s, er	6. LENGTH OF ST. 8 hour		c. CITY OR TOWN	(If outside of		vrite RURAL	ond give neo	rest town)	
Ö		d. NAME OF HOSPITA	AL OR INSTITUTION (If n	at in hospital, ç	give street address)		d. STREET ADDRE		urst F	load		e. IS RESI ON A I YES	DENCE ARM? NO
		NAME OF DECEASED (Type or print)	Gurr		Middle James	Go	dfrey	4. D O D	ATE F Nov		18th.	19	66
	M		6. color or race White	7. MARRIED WIDOWED	NEVER MAR		B. DATE OF BIRTH	1904	9. AGE (In 6 lest birt		Onths Doy		R 24 HRS. Min.
	dyr!	USUAL OCCUPATION ing post of warking I	(Give kind of work done ife, even if retired) anager	I IM	ND OF BUSINESS OF DUSTRY Lehem		Niaga 14. MOTHER'S M	maFal	ign country) Ls N	Y.	12. CITIZEN COUNTR US	Y?	
	13.		ge Godfre	V				n Kir	bv				
	1S. (Ye		R IN U.S. ARMED FORCES? (If yes give wor or dotes of		SOCIAL SECURITY NO	0. 17. 1 <b>61</b> M	NFORMANT			Address	(Wid Balti		,Md.
		PART I. DEAT  Conditions, if ony, rise to immediate stofing the under lost.	couse (o).	(6) Coro	nary th						tM	onserand ears	
0	CATION	PART II. OTHER SHO	nificant conditions of betes Med	ONTRIBUTING 1	o death but not 2-Pr	RELATED TO	HE TERMINAL DISEA S myoca	sse condition ardial	given in part injui	1(o)	1	9. WAS AUT PERFORM YES	
	L CERTIFICATION	2Do. EXTERNAL CAL PRIMARY ☐ or CON CAUSE OF DEATH.		20b. DE	SCRIBE HOW INJUR	Y OCCURRED.	(Enter noture of inj	ury in Port I o	r Port II of item	18.)			
	MEDICAL	2Dc. TIME OF INJU Hour o.m p.m	RY Month, Doy, Yeor I.	2Dd. IN While of work			CE OF INJURY (Homory, street, office bld		2Df. (City or 1	own)	(County)		(Stote)
		21. I certify death result	that I toak charg ed from: Natur		nains described , Accident		ide 🔲, Hom	, Inspirited ,	Undetermi	Inquiry ned mann		nd in my	opinion
		ACTUAL SIGNATURE EXAMINER'S NAME (Type)		easte:	r, Jr.,	M. D	M.D. ASSISTAN	NT MEDICAL EX	AMINER	akla		22. DATE 18-6	SIGNED 6
		REMOVAL (Specify)	N, 23b. DATE TH		23c. NAME OF C	EMETERY OR	Sby. ER	m.	d. Location (ci Bal tim	ore,		land	itote)
		FUNERAL DIRECTOR	-	Durst	Home mo	0.0	rust 350	PEC'D, BY RE	GISTRAR 1966	25b. REGISTI	rar's signat	URE	

O DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far yaur files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit perm TO DEPUTY MEDICAL EXAMINER: VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH

15686	CERTIFICATE	OF DEATH	1	5688
o. COUNTY Garrett	MARYLAND	O STATE	Where deceased lived, if institution: Re b. COUNTY	sidence before admission) Garrett
b. CITY OR TOWN (If outside corparate limits, write RURAL and give gearest tawn)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If at	utside carporote limits, write RURAL on	d give neorest town)
Oakland	Lifetime	Oakla	nd	I e. IS RESIDENCE
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, a Cuppett-Weeks Nursing		d. STREET ADDRESS		ON A FARM?  YES NO
3. NAME OF First DECEASED (Type or print)  BELLE	Middle L •	Lost HIPSLEY	4. DATE Month OF DEATH NOVember	
S. SEX 6. COLOR OR RACE 7. MARRIED WIDOWED WIDOWED	I HETCH MININGE	8. DATE OF BIRTH Sept. 21,	9. AGE (In years leading) Mon	NDER I YEAR IF UNDER 24 HR ths Days Hours Min
buring most of working life even if retired) IN	IND OF BUSINESS OR POUSTRY Ursing	, , , ,	& Stote, or foreign country)  Naryland	2. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN		
Conrad Michael			a Savage	
(Yes, no, or unknown) (If yes give war ar dotes of service)	SOCIAL SECURITY NO. 17.	Mrs. Le	Address  Land Roth Oak	land. Marvi
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE (AUSE (a)	(a), (b), and (c).) reheral Vasc	ular accid	lent	3 ONSET AND DEATH
Canditians, if ony, which gove ise to immediate cause (a), stating the underlying cause last.	teriosclerot	ic cardio.	-vascular dise	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH	ESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Part I ar Port II af item 18.)	
20c. TIME OF INJURY Month, Day, Year Haur a.m. 19 at wor	Nat While - fact	CE OF INJURY (Home, form ary, street, affice bldg., etc.		(County) (State)
21. I certify that (I) (this haspital) atten	ded the deceased from and tha		19, to <u>11 - 9 - 6 6</u> , <u>7 : 11 0 A</u> M, fram causes and	19, that (I)_(we) I an the date stated aba
22a. SIGNATURE	- To- for M.	7.11.74.	MED STAFE	2b. DATE SIGNED 11-11-66
	ster, Jr., M			cland, Md.
230. BURIAL (REMATION, REMOVAL (Specify) BURIAL 11/13/66.	23c. NAME OF CEMETERY OR	metery		(County) (State)
24. FUNERAL DIRECTOR JOHN O. DUPST LEIGHTON-DURST FUNERAL	HOME Caklar	WOOL   WHILL	d I in an Order	Les Judge

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in any event, within 72 haurs after depth.

VR A15 (4) 20 M 1/66

36631 . Bonat 

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

STATE		15687 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	5689
deorth of the control		PLACE OF DEATH  o. COUNTY  Garrett  MARYLAND  2. USUAL RESIDENCE (Where deceased lived, if institution: Residence of STATE of COUNTY of STATE of STATE of COUNTY of STATE of STAT	e before odmission)
portment ofter deat		b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If autside carparate limits, write RURAL and give reacest town)  Minutes  Friendsville	1./
ote Dep hours o		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  (DOA) Garrett Co. Memorial Hospital	e. IS RESIDENCE ON A FARM? YES NO
72 72	3.	NAME OF First Middle Klsnenast 4 DATE Manth DECEASED (Type or print) Cordelia Emmaline Kissnerk DEATH Nov. 2	Day Year 26th 19 66
t within	Fe	emale White   WIDOWED x   DIVORCED   Mar. 20, 1888 '/8 yrs.	YEAR IF UNDER 24 HR Days Haurs Mir
ges lond 2 any event	dut		ZEN OF WHAT NTRY? USA
permit rile o moval, ond in		Gilbert Palmer  WAS DECEASED EVER IN U.S. ARMED FORCES? So, no, or unknown) (Iff yes give wor or dates of service)  NO  Mrs. Barbara Kisner, Friend	sville,M
a buriol-transit cremotion, or re		IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis  USE TO  Canditions, if any, which gave rise to immediate cause (a), stating the underlying couse lost.  DUE TO  (c)	INTERVAL BETWEEN ONSET AND DEATH LE hrs.
be used os to buriol,	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  Cereberal vascular accident May 1966	19. WAS AUTOPSY PERFORMED? YES NO
prior		2Da. EXTERNAL CAUSE WAS PRIMARY ar CONTRIBUTING CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)	
000	MEDICAL	2Dc. TIME OF INJURY Manth, Day, Year Haur a.m.  p.m.  19  2Dd. INJURY OCCURRED While Not While at wark	nty) (State)
ts designate		21. I certify that I taak charge of the remains described above, held an Autapsy, Inspection \( \mathbb{Z} \), Inquiry \( \mathbb{Z} \), death resolved fram: Natural causes \( \mathbb{Z} \), Accident, Suicide, Hamicide, Undetermined manner  CHIEF MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER \( \mathbb{Z} \)  DEPUTY MEDICAL EXAMINER \( \mathbb{Z} \)  Address (Street, city, tawn, or county) Oakland,	and in my apini  22. DATE SIGNE  1-26-66
Health or	230		Caunty) (State)
SME (6)	24	4. EUNERAL DIRECTOR  ADDRESS  250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	SNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
1568 CERTIFICATE OF DEATH

12. USUAL RESIDENCE (Where deceased lived, If institution: Residence before

1.	PLACE DE DEATH				2. USUAL RESIDEN	ICE (Where decea	ased lived, If ins	titution: Re	sidence	before admission
	a. COUNTY	GARRETT		MARYLAND	a. STATE	MARYLAN	D b. COUN	ITY	GARE	RETT
	b. CITY OR TOW	N (If outside corporation and give nearest town	te limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (I	f outside corpo	orate limits, wr	Ite RURAL	and giv	e nearest town
	OAKLA	ND BIAG HERIOR TOW	m)	10 HRS.	CAREA	M. Rur	a7 - D	eer	Par	2 11.1
	d. NAME OF HOS	PITAL OR INSTITUTIO	N (If not In h	ospital, give street address)	d. STREET ADDRESS		CC	OOL		. IS RESIDENCE
		COUNTY MEMO							Y	ON A FARM?
3.	NAME OF DECEASED	FI	rst	Middle	Last	4. DATE	Month	1	Day	Year
	(Type or print)	WILLIAM		HENRY	LOHR		NOVEMBE	R	8	1966
5.	SEX	6. CDLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9.	AGE (In years last birthday)	IF UNDER 1		IF UNDER 24 HR
	MALE	WHITE	WIDOWED	DIVORCED _	FEB. 21, 1	882	04 yrs.		Days	Hours   Min.
10 du	a. USUAL OCCUPAT ring most of work Farm	ION (Give kind of working life, even if retire		IND OF BUSINESS OR NDUSTRY NET AL Farming	Garrett MAR	County & State, of County YLAND	r foreign country	12. CI	TIZEN ( UNTRY	OF WHAT ? USA
13	. FATHER'S NAM	E			14. MDTHER'S MAI			,		
	PE	TER J. LOHE	2		REBEC	CA WILBU	IRN			
15	. WAS DECEASED	VER IN U.S. ARMED FO	RCES?   16.	SOCIAL SECURITY NO.   17.	INFORMANT	040 11 11111111111111111111111111111111	Addres	SS (D	an l	
(4	NO NO	(If yes give war or dates o		9-46-1850r	George V	Lohr	Frie	ndsv	on)	e Md
	18. CAUSE OF	DEATH [Enter only on	e cause per l	ine for (a), (b), and (c).]						RVAL BETWEEN ET AND DEATH
	PART I. DE	ATH WAS CAUSED BY IMMEDIATE CAUSE	(a) A	empralised 1	Marine Marine	huis			UNS	Shot-
	15-X	DUE			2					
	Conditions, If		(b)	Penna mo	of ppis	Treme	24.0		2	un
	gave rise to			13,111111111111111111111111111111111111	<u> </u>	23772			7	
	cause (a), si underlying caus	aring the								
NO			(c)ONS CONTRIB	UTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL	DISEASE COND	ITION GIVEN IN	PART 1(a)	119.	WAS AUTDPSY
CATI									YES	PERFORMED?
E	20a. ACCIDENT	WAS UNDERLYING	20b.	DESCRIBE HOW INJURY OCCU	IRRED. (Enter nature	of injury in Par	t 1 or Part II o	f Item 18.		
CERTIFICATION	OR CONTRIBUTI	WAS UNDERLYING DEAD CAUSE OF DEAD TIFY MEDICAL EXAMINATION OF THE PROPERTY OF	TH NER)							
SAL	20c. TIME OF	NJURY Month, Day,	Year   2Dd. I	NJURY OCCURRED   20e. PLA	CE OF INJURY (Home,	farm, 20f. (C	ity or town)	(Cour	nty)	(State)
MEDICAL	Hour a.m		While	- NOT WHILE -	ry, street, office bldg.,	etc.)				
N	21 Loortif	*****	at wor	ed the deceased from	Dn/	1966, to_	NOV. 8	10 6	6 th	at (I) (we) las
		ceased alive on N		19 66, and that		100				
	22a. SIGNATUR			TO COLO, GITO LITO		C. C	20110 000000	22b. D/		
		By han	07/m2	D.M.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	9N	600	6
	22c. PHYSICIA NAMÉ (T)	N'S			22d. ADDRESS					
	Trans (1)	DR. B. I	. GRAN	R .		OAKLANI	MARYI	AND		
23	a. BURIAL, CREM	ATION, 23b. DATE	THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOC	ATION (City, to	own or cou	nty)	(State)
	REMOVAL (Spe	177/7	1/66	Daer Rark	Cemetery	Dee				
24	. FUNERAL DIRE	croshn O. I	Durst	ADDRESS	25a. RI	EC'D BY REGIST	TRAR 25b. R	EGISTRAR'S		eta .
L	eighton-	Durst Fu	neral	Home, Oakland	Ma DATE	INV 14	1966	Cliar	les.	Judge.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 15M 4-64

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filed with the State Dept. af Health priar ta burial, crematian, ar removal, and in any event, within 72 hours after death	
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. They bease remave carbon papers. Pages 1 and 2 should be filed with the State Dept. at Health priar to burial, crematian, ar removal, and in any event, within 72 hours after deaths. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

	15689	or statistical tea	CERTIFICATE	OF DEATH		156	91
1.	o. COUNTY Garre	tt	MARYLAND	2. USUAL RESIDENCE (V	Where deceosed lived, if institu yland b. col		efore odmission)
	b. CITY OR TOWN (If outside	corporate limits,	c. LENGTH OF STAY IN 1b		itside carparate limits, write RI	JRAL and give ne	arest town)
	t write RURAL and give neg		8 mos.		in Lake Park		11.1
	d. NAME OF HOSPITAL OR INS 600 "I" Str	,	ol, give street oddress)	d. STREET ADDRESS	" St.	- 25	e. IS RESIDENC ON A FARMS YES NO
3.	NAME OF DECEASED (Type or print)	First Daisy	Middle Ray	lost McHenry	4. DATE MOT MOT DEATH		Doy Year 6
	SEX Female Whi	R OR RACE 7. MARRIE WIDOWE	ingram monthle	ay 3, 1900	9. AGE (In years Glast birthdoy) yrs.	Months Do	
100 du	o. USUAL OCCUPATION (Give kin ring most of working life, even i HOUSEWITE		KIND OF BUSINESS OR LADUSTRY Home		& Stote, or foreign country)  Co Md	12. CITIZEI COUNT	OF WHAT
13	. FATHER'S NAME	15.33		14. MOTHER'S MAIDEN I			els (46)
	WAS DECEASED EVER IN U.S. A es, no or unknown) (If yes giv			NFORMANT	Add nry, Mt. La	1000	
	1B. CAUSE OF DEATH (Ente	er only one couse per line	for (o), (b), ond (c).)	POWE FO	NU PE		INTERVAL BETWEEN ONSET AND DEATH
	4221 IM	MEDIATE CAUSE (o)	IANCED GOOGE	LIZED A	VAS ARCA		ouro
	Conditions, if any, which go rise to immediate cause (	( 9Ve					
	stoting the underlying coi		LIGIZIN SCLERZ	one can	AD UMBOULA	A	
	last.		SERSE	THE TERMINAL PROPERTY OF	PITION ORGAN IN DARK IV		19. WAS AUTOPSY
CATION	PART II. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTIN	G TO DEATH BUT NOT RELATED TO 1	HE TERMINAL DISEASE CON	ADITION GIVEN IN PART I(0)		PERFORMED?  YES NO
L CERTIFICATION	200. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL E	OF DEATH	DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Port I or Port II of item 18.)		
MEDICAL	20c. TIME OF INJURY Mont Hour o.m. p.m.	h, Doγ, Yeor 20d Wh		CE OF INJURY (Home, form pry, street, office bldg., etc.)		(County	) (Stote
A	21. I certify that	(I) (this-hospital) att	ended the deceased fram	death occurred at	1966, ta NOV 1	19 <u>60</u> and an the	, that (I) ( <del>we)</del> date stated ab
	220 HONATURE	mfarther	M.I	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE:	SIGNED
	22c. PHYSICIAN'S NAME (Type)	T. Baumga	rtner, M.D.	22d. ADDRESS Oakland	, Maryland		
23	o. BURIAL, CREMATION, BREMOVAL (Specify)	23b. DATE THEREOF 11/12/66	23c. NAME OF CEMETERY OR Hillcrest C	eme tery	23d. LOCATION (City or I Cumberla		unty) (Stote)
2	4. FUNERAL DIRECTOR		ADDRESS	250 REC'I		EGISTRAR'S SIGN	
	H. Wayne Ge	orge Cumber	land. Maryland	DATE	14 1966 40	havely !	mage

15.7.4	ROAD SO STANFFERD		68963
			Maria Carlo
	r constant		
	T. A. A.		Signature of the
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VIII MAN	drive grand of the one control of the	rig koraq	
A VENET BY			
		an Ran	
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FOR STATI HEALTH

in pencil in Item 18. Give Pages 1, 2, and 3 to

5 may be retained far yaur files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land 2 with the State Department of Health or its designated agent, priar to burial, crematian, ar remaval, and in any event with the state death.

VR A15ME (5)

the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If

necessary, please execute the certificate, writing the ward "pending"

MARYLAND STATE DEPARTMENT OF HEALTH

2 HISHAL DESIDENCE (Whose despected lived if institution: Posidones before admission)

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15690				
19090	MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF DEATH

1. PLACE OF DEATH				2. USUAL RESIDENCE (	Where dec			ce before od	mission)
o. COUNTY G	arrett	MARYLAN	ID	o. STATE Mar	ylan	d b. (01	INTY (	Garre	ett
b. CITY OR TOWN	(If outside corparate limits,	c. LENGTH OF STAY IN 18	b	c. CITY OR TOWN (If ou	utside corp	orote limits, write RU	RAL ond give	neorest to	wn)
Rural -		yland 4 yrs		Rural -	Gor	man, Md.		11.	/
d. NAME OF HOSPI	TAL OR INSTITUTION (If not in	hospitol, give street oddress)		d. STREET AOORESS		-			RESIDENCE N A FARM?
Route #1	, Gormania,	W. Va.		Rural Rt	. #1	, Gorman	nia,W	Va YES	NO Z
3. NAME OF DECEASED	First	Middle		Last	4. DAT			Οογ	Year
(Type or print)	EARL	WILLIAM		MILLER	DEA	TH Novemb		11,	19 66
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B.	DATE OF BIRTH		9. AGE (In years	Months Months		JNOER 24 HRS.
Male	White v	VIOOWEO 🔣 DIVORCEO	JAU	ig. 9, 188		8 lest birthdoy) Yrs.			
100. USUAL OCCUPATIO	N (Give kind of work done	10b. KINO OF BUSINESS OR		11. BIRTHPLACE (Stote	or foreign	country)		IZEN OF WH	IAT
during most of working	ine, even it remed)	Gen. Farming		Liberty 1	Furn	ace, Va.		USA	
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME				
	Unknown				Unkn	own			
	ER IN U.S. ARMEO FORCES?	16. SOCIAL SECURITY NO.	17. IN	FORMANT (Dau	.)	Addr	ess	Gorma	ania,
No No	(If yes give wor or dates of ser	235-16-7869	Mr	s. Claud		lkins, H			
	EATH (Enter only one couse p	er line for (o), (b), ond (c).)							AL BETWEEN
PART I. DEA	TH WAS CAUSEO BY:  IMMEDIATE CAUSE (a)	Coronary thro	omb	osis				Sudd	AND DEATH
4201	DUE TO								
Conditions, if on		Arteriosclero	oti	c cardio-	-vasc	cular di	sease	Year	S
rise to immedio									
last.	(c)								
PART II. OTHER S	IGNIFICANT CONDITIONS CONTR	RIBUTING TO OBATH BUT NOT RELATED	D TO TH	IE TERMINAL DISEASE CO	NOITION G	IVEN IN PART 1(o)		19. WA	SAUTOPSY
ATION								YES	FORMED?
200. EXTERNAL C PRIMARY Or CC		20b. DESCRIBE HOW INJURY OCCUR	RREO. (I	inter noture of injury in	Port I or I	Port II of item IB.)			
S 20c TIME OF IN	URY Month, Doy, Yeor	20d. INJURY OCCURREO 20d	e PIAC	OF INJURY (Home, form	m. 20f	. (City or town)	(Cor	inty)	(Stote)
20c. TIME OF INJ.	m. 19	While Not While		ry, street, office bldg., etc.			,		
p.	111.	the remoins described above	a hali	d on Autonou [7]	Incoo	etian 🚫 Ina	uiry 🖾,	and in	my opinion
death resul		ouses [X], Accident [7],				-	, p.,	1	my opinion
death result	yea from: Naturol Co	Juses 1, Accident 1,	20100	de, Homicide CHIEF MEDICAL	/	Undetermined n	nonner		
ACTUAL	7 1 7	+x h	-	M.D. ASSISTANT MED				22.	DATE SIGNED
SIGNATURE	4	certor.	-	DEPUTY MEDIC				11-	11-66
EXAMINER'S NAME (Type)	James H. Fe	aster, Jr., M.	. D	Address (Stree	t, city, tow	or county) Oak	land,	Md.	
230. BURIAL, CREMATI	ON, 23b. DATE THEREO	F 23c. NAME OF CEMETER  Fairview		REMATORY	23d.	LOCATION (City or To	own)	(County)	(Stote)
24. FUNERAL DIRECTO		Inst Lantview	X	THE COLL A			EGISTRAR'S SI		
	-Durst Fune	ral Mome Oakl	and	MICH ATUV	14	1966 256	Carle	Jus	12.
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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15691 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. STATE b. COLINTY o. COUNTY Page Garrett Marvland Department MARYLAND delay b. CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) write RURAL and give negrest town) after 18 Mo. Rural - Oakland Oakland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS farm haurs Cuppett-Weeks Nursing Home State Route Give Pages haurs after death. alang with 3. NAME OF Middle 4 DATE First Lost Month DECEASED the WITTIT, TAM HENRY November DEATH within (Type or print) AGE (In years S. SEX 6. COLOR OR RACE 8 DATE OF BIRTH IX NC TELEVISION XX DEVER MARRIED XX \_lost birthdoy) Item 18. Jan. 24.1890 White Male WIDOWED event Office and 1Do. USUAL OCCUPATION (Give kind of work done IDb. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) INDUSTRY Dunbar. Penna. pages 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME be executed within Nettie Thomas George H. Murphy and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address permit. the Chief Medical (Yes, no\_or unknown) (If yes give wor or dates of service) removal. 13-01-5653A Mrs. Arnold Sell, Rt 2. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY P

INTERVAL BETWEEN TIPHET AND DEATH CORONARY THROMBOSIS. IMMEDIATE CAUSE (o) DUE TO SCIEROSIS CORONARY Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse WAS AUTOPS' PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) PERFORMED? NO 2Do. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)

PRIMARY Or CONTRIBUTING CALISE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form,

Hour o.m. at work at work

James H. Reaster, Jr.

factory, street, office bldg., etc.) 21. I certify that I took charge of the remains described above, held an Autopsy T

ection	T.	Inquiry	X,
Unde	termine	d mann	er 🗍

(City or town)

and in my opinian

(State)

Garrett

IF UNDER I YEAR

Doys

12. CITIZEN OF WHAT

Oakland . Md.

COUNTRY?

(Dau.)

(County)

e. IS RESIDENCE ON A FARM?

IF LINDER

Hours

YES NO LT

66

24 HRS

deoth resulted fram: Natural couses T. Accident /Suicide SIGNATUR

ASSISTANT MEDICAL EXAMINER

Homicide |

CHIEF MEDICAL EXAMINER

22. DATE SIGNED DEPUTY MEDICAL EXAMINER K Oakland, Maryland 11-30.66 Address (Street, city, town, or county)

MAINE (Type) Occito	- 114	, ,, 000	0029	0 - 0	
BURIAL, CREMATION,	23b.	DATE THEREC	)F	23c.	NA
DEMOVAL (Concifu)		1 1.		1	

ME OF CEMETERY OR CREMATORY Garrett Co. Memorial 23d. LOCATION (City or Town) Oakland Maryland

(County)

FOR FUNE.

Health or P VR A15ME (5

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TO FUNERAL DIRECTOR: Page 3 should be used as o burial-transit permit. File page [Final] with the State Department of Health or its designated agent, prior to burial, cremotion, or removal, and in any event within 72 hours after death.

VR A15ME (5) 6M 1/66

necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter deoth. If

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15692	MEDICAL EXAMINER'S	CERTIFICATE O	F DEATH	15694
1. PLACE OF DEATH o. COUNTY Garrett	MARYLAND	2. USUAL RESIDENCE ( o. STATE Marvl	b. COUN	ian: Residence befare admission)/ NTY Allegany
b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b		itside carparate limits, write RUF	
write RURAL and give nearest tawn)  Oakland	33 months	Mt Sa	vage	01-2
d NAME OF HOSPITAL OR INSTITUTION (If not in hos	pital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Cunnett-Weeks Nursing Ho	277.0	Calla	มะาา	YES NO X
3. NAME OF First	Middle Middle	Last	4. DATE Mant	h Doy Year
(Type or print) Ida	Belle	Phares	OF DEATH NOV. 1:	3th. 19 66
S. SEX 6. COLOR OR RACE 7. MAI		B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR   IF UNDER 24 HRS.
Female White WIDE	OWED DIVORCED	July 23, 18		Months Days Haurs Min.
10a. USUAL OCCUPATION (Give kind af wark dane during most of warking life, even if retired)  Housekeeper	10b. KIND OF BUSINESS OR INDUSTRY  At Home	11. BIRTHPLACE (State  Maryland	_ , , , , , , , , , , , , , , , , , , ,	12 CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	250 110110	14. MOTHER'S MAIDEN		
Hilleary Brant			Barbara H	Brotemarkle
TO THE DESCRIPTION OF THE PROPERTY OF THE PROP	THE COCIAL COCURITY NO. 17	INFORMANT	Addre	ss Calla Hill
(Yes, no, ar unknown) (If yes give wor or dates af service	None M	rs. DeNoma Y	utzv	It Savage, Md
rise to immediate couse (a), stating the underlying cause last.  DUE TO (c)	Arteriosclerosis,			19. WAS AUTOPSY PERFORMED?
CATIC				YES NO E
PRIMARY Or CONTRIBUTING C	206. DESCRIBE HOW INJURY OCCURRED.	. (Enter nature af injury in	Part I ar Part II af item 1B.)	
Hour a.m.		ACE OF INJURY (Hame, farn ctary, street, office bldg., etc.		(County) (State)
21. I certify that I taak charge af th			- Andrew	piry 🙀 and in my apinian
death resulted fram: Natural caus	es 🖳 , Accident 🗍 Sui	icide 🔲, Hamicide	, Undetermined m	anner 🗌
			CALL VALUE OF THE CALL OF THE	
ACTUAL X	<del></del>	CHIEF MEDICAL		22 DATE CICNED
ACTUAL SIGNATURE Down No	Tenter for	M.D. ASSISTANT MED	DICAL EXAMINER	22. DATE SIGNED
SIGNATURE COMMENTS	Tenter for	M.D. ASSISTANT MED DEPUTY MEDICA	OICAL EXAMINER AL EXAMINER	11-13-66
SIGNATURE COMMENT NAME (Type) James H. Feast		M.D. ASSISTANT MED DEPUTY MEDICA Address (Stree	OICAL EXAMINER   AL EXAMINER   At city, town, or county) Oak	11-13-66 land, Md.
SIGNATURE COMMENT NAME (Type) James H. Feast	23c. NAME OF CEMETERY OR	M.D. ASSISTANT MEDICA DEPUTY MEDICA Address (Stree	OICAL EXAMINER AL EXAMINER AL EXAMINER At the county) Oak 23d. LOCATION (City or Town	11-13-66 land, Md. (County) (State)
EXAMINER'S  NAME (Type)  James H. Feast	23c. NAME OF CEMETERY OR	ASSISTANT MEDICAL ADDRESS (Street CREMATORY MEDICAL ADDRESS (Street CREMATORY METERY)	olcal EXAMINER AL EXAMINER AL EXAMINER At the county of th	11-13-66 land, Md.

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#### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		15693 M			Where deceosed lived, if institution: Reside	ence before odmission)
1		o. COUNTY	MARYLAND	o. STATE	b. COUNTY	arrett'
		Garrett b. CITY OR TOWN (If gutside corporate limits	c. LENGTH OF STAY IN 15	c CITY OR TOWN (If a	utside corporote limits, write RURAL and g	011-1-0
		b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)			ville (Rural)	// /
		Oakland  d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp	1 Day	d. STREET ADDRESS	VIIIe (Rural)	e. IS RESIDENCE
5				d. SIRELI ADDRESS		ON A FARM?
9		Arrett County Memor	1al Hospital Middle	1	T a page	YES X NO [
		DECEASED		Lost	4. DATE Month	Day Year
	5.		tter	8. DATE OF BIRTH	9. AGE (In years   IF UNDE	19 66 R 1 YEAR   IF UNDER 24 HR
ı	3.	T. MAKI			lost birthdoy) Months	Doys Hours Min.
	100	- VV	WED DIVORCED DIVORCED DIVORCED DIVORCED	May 7, 18		ITIZEN OF WHAT
	dur	no most of working life even if retired)	VOTZUANI			OUNTRY?
		etired Farmer O	wn Farm	Jenning 14. MOTHER'S MAIDEN		USA
	13.	FAIRER 3 NAME				
	10	Henry Platter WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	L Rachel	Bittinger	
		s, no, or unknown) (If yes give wor or dates of service)				E.N.C
	_	No _		aul Wilt,	R.D., Grantsv	ille, Md.
		<ol> <li>CAUSE OF DEATH (Enter only one couse per lin PART I. DEATH WAS CAUSED BY:</li> </ol>			7-01	INTERVAL BETWEEN ONSET AND DEATH
			Cereberal vascula	er accident,	Leit	uo hrs.
		Conditions, if ony, which gove ) (b)	Arteriosclerotic	cardio-vasc	ular disease	Years
		rise to immediate couse (o),				
		stating the underlying couse				
		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	OT COTATION THE NUMBER OF SHIP	THE TERMINAL DISEASE CO.	NOTION OWEN IN BART 1/-1	19. WAS AUTOPSY
	NO.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT KELATED TO	THE TERMINAL DISEASE CO	NUTTION GIVEN IN PART 1(0)	PERFORMED?
']	CERTIFICATION	20o. EXTERNAL CAUSE WAS 20	b. DESCRIBE HOW INJURY OCCURRED.	/Enter nature of injury in	Dort Los Dort H of Store 10 )	YES NO
	ERT	PRIMARY  or CONTRIBUTING	D. DESCRIBE HOW INJURY OCCURRED.	(Eurer nointe or infork in	Port I of Part II of Hem 16.)	
	SAL C	CAUSE OF DEATH.  20c. TIME OF INJURY Month, Doy, Year 2	Od. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, for	n, 20f. (City or town) (C	ounty) (State)
	MEDICAL	Hour o.m.	While - Not While - foc	tory, street, office bldg., etc.		ounty) (sidle)
			twork otwork	ald an Automore	lumentian VIII I milion vali	
		21. I certify that I taak charge af the				/ 1
1		death resulted fram: Natural cause	s 🔀 , Accident 🗌 , Suid	cide, Hamicide	Undetermined manner	
h		ACTUAL Own W	T X win		DICAL EXAMINER	22. DATE SIGNE
	1 /	SIGNATURE COMPANY	- Cra- f-	ITI.D.		11-4-66
		EXAMINER'S	M D	Address (Stree	t, city, town, or county)Oakland	
1	-	NAME (Type) James H. Feaster				
	230	NAME_(Type) James H. Feaster Burial, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR		23d. LOCATION (City or Town)	(County) (Stote)
20	230	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)
2				CREMATORY  e Cem .  2So. REC	23d. LOCATION (City or Town)  Grantsville G D BY REGISTRAR 25b. REGISTRARS	(County) (Stote)

VR A1S (4) 1SM 7/61

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 15694 CERTIFICATE OF DEATH 15696 15694 15696

PLACE OF DEA	TH			2. USUAL RESIDEN	ICE (Where de	ceesed lived, If	institution: Resid	ence before	dmission)
a. COUNTY	Garrett		MARYLAND	•. STATE Pa		b. COU	Alles	rheny	
b. CITY OR TOWN	(if outside corporate limit	,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN		orete limits, writ	e RURAL end giv	e neerest tov	vn)
Grants	ville		10 Months	Pittsb	urgh			75.	7
	PITAL OR INSTITUTION (I	not in hos		d. STREET ADDRESS	444 011			e. IS R	ESIDENCE
Goodwil	l Mennonit	е Но	me						A FARM?
3. NAME OF DECEASED	First		Middle	Last	4. DATE	Mont	h Da	y Yea	r
(Type or print)	MAGL	3	KOSE KE	LYEA	DEATH	11	2	6 19	66
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	B. DATE OF BIRTH	9.		IF UNDER I YEA		
F	W	WIDOWE	DIVORCED	Sept. 3, 1	877	last birthday) 89 yrs.	Months Days	Hours	Min.
	ATION (Give kind of work working life, even if retired	10b. K	IND OF BUSINESS OR INDUST		nty & State, or	foreign country)	12. CITIZEN	OF WHAT	COUNTRY?
House	1 /3	OW	m Home	Saute Ce	ntre.	Minn.	1	JSA	
13. FATHER'S NAME				14. MOTHER'S MAIDEN		all all making after dispatch after W		J ~ 11	_
John J	. Buchanan			Carrie	Oliv	er			
	EVER IN U.S. ARMED FOR		SOCIAL SECURITY NO. 17.	INFORMANT		Address			
NO.	In Aas Blaamat ot dates ot se	(VICE)	Or	en B. Rely	rea. Ta	aVale.	Md.		
18. CAUSE OF	DEATH  Enter only one	cause per		. /	7	,	[ ]	NTERVAL BET	
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (e)		Gercha/	Vasav lan	Clar	relait		ONSET AND	
221	X DUE TO			2	- CACCA	9 64 1		0	/
Conditions, if e		6	enobral	li teriasci	la not	•		Jev.	Mar
geve rise to imme	diete cause		Crew at C	2W/OV/WCI	CALL!	3		-	100
(e), steting the	underlying DUE TO								
	J (c)_	ONS COR	ATRIBUTING TO DEATH BUT NO	OT DEL ATED TO THE TERMI	NAL DISEASE	CONDITION CIV	EN IN DADT 1/a)	19. WAS A	LITORSY
PART II. OTH	1 .1.	1	1/ X	ST KELATED TO THE TERMI	MAT DISEASE	CONDITION GIV	EN IN PART 1(8)	PERFC	RMED?
5 /7	rterioscles	-corc	Man DI	some				YES	NO X
OR CONTRIBUTION	WAS UNDERLYING [] IG [] CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURE	). (Enter nature of injury in	Pert I or Pert II	of item 18.)			
3 20c. TIME OF IN				ACE OF INJURY (Home, farr		or town)	(County)	4 67	(State)
20c. TIME OF IN Hour e.m		While et wor		tory, street, office bldg., etc	:-)	,			
		al) atten	ded the deceased from.	11/23	19.66 10	11/2	1966	(hat (l) (	(we) last
		1	19	-	4 6	/		, ,	. , ,
220. SIGNATUR	1								. DATE
tradi	1. Bealing	.0			MED. DIRECTOR	STAFF PHYS.		11/2	CSIGNED
22c. PHYSICIAN				22d. ADDRESS	0	^ ^		1	179
NAME HY	PAULE . D	ERH	KEBILE, MI]	). 349 MA	inst.	INE	YERSD	ALE,	JA.
	TION, 236. DATE THERE	OF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOC/	ATION (City, to	wn or county)	(\$	tete)
REMOVAL (Special	199/70/	56	Athens Rura	al Cemeter	y Athe	ens, Gre	eene Co	. , N.	. Y.
24 FUNERAL DIRECT	OR'S SIGNATURE		ADDRESS				GISTRARYS SIGN	ATURP	100
Hon to	Jumen		Grantsville	e, Md. DATE	NOV 3	1966	Juan	es Jue	9
					4		V		

The state of the s THE ELECTION OF THE WALL THE STATE STREET TO BE AND THE en gallen et en se de la company de la compa

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND 301 RECORDS, W. PRESTON STREET, BALTIMORE, MARYLAND

15695 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

15695	MEDICAL EXAMINER'	S CERTIFICATE OF	F DEATH	15697
o. COUNTY Garrett	MARYLAND	2. USUAL RESIDENCE (W	here deceosed lived, if institutions b. COUNTY	
b. CITY OR TOWN (If outside corporate limits write RURAL and give progrest town)	Minutes	c. CITY OR TOWN (If out:	side corporate limits, write RURAL	ond give neorest town)
d. NAME OF HOSPITAL OR INSTITUTION (If no (DOA) Garrett Co. M		d. STREET ADDRESS		e IS RESIDENCE ON A FARM? YES NO 2
3. NAME OF DECEASED (Type or print) JOHN	st Middle ALBERT	SAVAGE	4. DATE Month OF DEATH Novembe	
s. SEX 6. COLOR OR RACE Male White	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH April 13, 1		FUNDER   YEAR   IF UNDER 24 HRS Aonths Doys Hours Min.
IDo. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  COSI Miner	10b. KIND OF BUSINESS OR INDUSTRY SOFT COAL	11. BIRTHPLACE (State of Garrett	Co. Md.	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME  James Savage		14. MOTHER'S MAIDEN NA	Deitrick	
1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, grunknown) (If yes give war or dotes o	f service)	ohn E. Sava	Address ge, Mt. Lake	(Son)
stoting the underlying couse last.	Arteriosclerotic (c)	cardio-vascui		Minutes Years
2Do. EXTERNAL CAUSE WAS	ONTRIBUTING TO DEATH BUT NOT RELATED T		``	19. WAS AUTOPSY PERFORMED? YES NO
PRIMARY Or CONTRIBUTING CAUSE OF DEATH.  2Dc. TIME OF INJURY Month, Doy, Yeor Hour o.m.		PLACE OF INJURY (Home, form, octory, street, office bldg., etc.)	2Df. (City or town)	(County) (State)
21. I certify that I taak charge	of the remains described above, I causes , Accident , S	CHIEF MEDICAL E  M.D. ASSISTANT MEDICAL  MEDICAL MEDICAL MEDICAL MEDICAL  MEDICAL MEDICAL MEDICAL MEDICAL  MEDICAL ME	XAMINER  CAL EXAMINER  CONTROL OF THE CONTROL OF TH	
230. BURIAL, CREMATION, REMOVAL (Specify)	REOF 23c. NAME OF CEMETERY C	R CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)

VR A15ME (5) 6M 1/66

5 may be retoined far your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 Health ar its designoted agent, prior to burial, crematian, ar removol, ond in ony event CESSI AND STATE OF THE PROPERTY OF THE PROPERT

FOR STATE HEALTH DEP and 2 with the State Department of and of what within 72 hours after death in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral directar. Page 4 shauld be forwarded to the Chief Medical Examiner's Office along with form PM3. Page ges Tind 2 with the State Department of any event within 72 hours after death TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If 5 may be retained far your files. TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File Health ar its designated agent, priar ta burial, crematian, or removal, and necessary, please execute the certificate, writing the ward "pending"

1	5	6	9	6	
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15000

1. PLACE OF DEATH								Topac	,
o. COUNTY		rett	MARYL	1	2. USUAL RESIDENCE o. STATE Mar	(Where deceased live	d, if institution: R b. COUNTY	Residence before	odmission)
b. CITY OR TOWN Write RURAL of Oaklar	l (If outside carporote limit and give nearest tawn) 1 <b>0</b>	5, (	LENGTH OF STAY IN	3.		outside corporote limit	s, write RURAL or	nd give neorest	town)
	PITAL OR INSTITUTION (If no Rt. 1	nt in hospital, give	street oddress)		d. STREET ADDRESS Rt.	1			IS RESIDENCE ON A FARM? ES NO
3. NAME OF DECEASED (Type or print)	John	ca.	Middle rroll	Sk	lpper	4. DATE OF DEATH N	Manth ovembe	r 24	Year 19 66
S. SEX Male	6. COLOR OR RACE White	7. MARRIED X	NEVER MARRIED DIVORCED		Date of Birth	9. AGE lost 8		INDER 1 YEAR Doys	Hours Min.
10a. USUAL OCCUPATI during most of working Minist	ON (Give kind of work done ng life, even if retired)	10b. KIND INDUS Ch	OF BUSINESS OR TRY Urch		11. BIRTHPLACE (State Swallow	e or foreign country) Falls.		COUNTRY?	WHAT
13. FATHER'S NAME	homas Skir	per			14. MOTHER'S MAIDEN	NAME na Schaf			
(Yes, no, or unknown	(If yes give wor or dotes c	16. SOC 215-	1AL SECURITY NO. 36-9823		ormant ester B.	Skipper	Address Oakl	and Rt	. 2, Mc
420 Conditions, if a	DUE DUE	TO	ary thro			Idead			AND DEATH
rise to immedi stoting the un- last.	derlying couse DUE	TO (c)			, genera			Yea	
rise to immedistoting the united last.  PART II. OTHER  200. EXTERNAL PRIMARY Or of	inte cause (0), derlying couse DUE  SIGNIFICANT CONDITIONS CONTRIBUTING   CAUSE WAS CONTRIBUTING	TO (c) ONTRIBUTING TO E	DEATH BUT NOT RELA	TED TO THE		ONDITION GIVEN IN P		19. V	WAS AUTOPSY PERFORMED?
rise to immedistoting the united last.  PART II. OTHER  200. EXTERNAL PRIMARY OF CAUSE OF DEATH	ore cause (a), derlying couse DUE  SIGNIFICANT CONDITIONS COUNTRIBUTING LITTLE CONTRIBUTING LITTLE CONTRIBUTION LITTLE CONTRIB	TO (c) ONTRIBUTING TO E  20b. DESCR  20d. INJUR While	DEATH BUT NOT RELATED TO THE PROPERTY OCCURRED TO NOT While	TED TO THE URRED. (En	TERMINAL DISEASE CO	ONDITION GIVEN IN P		19. V	WAS AUTOPSY PERFORMED?
rise to immedistoring the united by the storing the united by the storing the united by the storing that the storing that the storing by the storing that the storing by th	SIGNIFICANT CONDITIONS CONTRIBUTING	20b. DESCR  20d. INJUR While of work  e of the remoi	DEATH BUT NOT RELATED TO THE PROPERTY OCCURRED	TED TO THE TURRED. (En 20e. PLACE foctory ove, held Suicide	TERMINAL DISEASE CO of INJURY (Home, for street, office bldg., etc on Autopsy, e, Homicide CHIEF MEDICA M.D. ASSISTANT MEDICA	Part I or Port II of orm, 20f. (City Inspection Inspect	or town)  ], Inquiry   mined monne	(County)  (County)  22  11-2	NAS AUTOPSY PERFORMED? IN NO (Stote)  (Stote)  In my opinion  P. DATE SIGNED
rise to immedistoring the united by the storing the united by the storing the united by the storing that the storing that the storing by the storing that the storing by th	SIGNIFICANT CONDITIONS CONTRIBUTING 1.  NIURY Month, Doy, Yeoro.m.  19  19  19  19  19  10  10  10  10  10	20b. DESCR  20d. INJUME While of work control of the remoind courses x,	DEATH BUT NOT RELATED TO THE PROPERTY OCCURRED	TED TO THE  TURRED. (En  20e. PLACE foctory  Ove, held Suicide  D.  ERY OR CRI	or Autopsy,  Homiciden CHIFF MEDICA  M.D. ASSISTANT MEDICA  Address (Street  EMATORY	DNDITION GIVEN IN P  Part I or Port II of  m, 20f. (City c.) Inspection  e , Undeter  LEXAMINER  CAL EXAMINER  et, city, town, or cour  23d. LOCATION	or town)  Inquiry  mined monne  (City or Town)  tt Co.	(County)  19. y YES  (County)  20. 11-2 And, Md (County)	(Stote)  In my opinion  A DATE SIGNED  (Stote)  (Stote)  (Stote)

VR A15ME (5) 6M 1/66

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/ but a borigned ... White

James H. Feagung, Jr., M. D.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15697		CERTIFICATE	OF DEATH		15699
1. PLACE OF DEATH				Where deceosed lived, if institution: I	Residence before admission)
a. COUNTY	Garrett	MARYLAND	o. STATE	rvland b. COUNTY	egany /
b. CITY OR TOWN (If out		c. LENGTH OF STAY IN 1b		itside corporote limits, write RURAL o	nd give neorest town)
write RURAL ond give	nearest tawn)				
	tsville	One Year		berland	e. IS RESIDENCE
d. NAME OF HOSPITAL OF	INSTITUTION (If not in hos	spitol, give street oddress)	d. STREET ADDRESS		ON_A FARM?
Goodwill M	ennonite Nur	sing Home	155 Be	edford Street	YES NO NO
3. NAME OF	First	Middle	Lost	4. DATE Month	Doy Year
(Type or print)	Ruth	Frances	Smouse	OF DEATH November	2 19 66
	OLOR OR RACE 7, MA		8. DATE OF BIRTH	9. AGE (In years   IF	UNDER 1 YEAR   IF UNDER 24 HRS.
	MID	OWED DIVORCED	Dec 23, 188	7 last birthdoy) Mo	onths Doys Hours Min.
	WILLUE	10b. KIND OF BUSINESS OR		8 Stote, or foreign country)	12. CITIZEN OF WHAT
Oo. USUAL OCCUPATION (Given uring most of working life, e		INDUSTRY			COUNTRY?
Retired Cas	hier Me	ryland Theater Co		ett Co. Md.	USA
3. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
Wi	lliam P. Sta	enton	Anni	e Durst	
IS. WAS DECEASED EVER IN U	I.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	NFORMANT	Address	
(Yes, no, or unknown) (If ye	s give wor or dotes of service	214-05-8090 Th	amag C Cmc	ouse, Route 1, Ev	rdrett Pa
NO DEATH	(Enter only one couse per l		TOINAS O. OMC	dee nouve 1, 11	INTERVAL BETWEEN
PART I. DEATH W	AS CAUSED BY:		, 0	1 4.	ONSET AND DEATH
110	IMMEDIATE CAUSE (o)	venu myoc	andiala	desiese.	
4201	DUE TO	31 +	1 _1	0	3
Conditions, if ony, whi		Hyperlenser	e heart	disease	20000
stoting the underlying					
last.	(c)				
PART II. OTHER SIGNIFI	CANT CONDITIONS CONTRIB	JTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
200. ACCIDENT WAS UND OR CONTRIBUTING CIC					YES NO NO
20- ACCIDENT WAS UNE	EDIVING T	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Port I or Port II of item 18	1.0
20o. ACCIDENT WAS UND OR CONTRIBUTING		200. DESCRIBE HOW INJUNT OCCURRED.	(Enter notate of injury in	roll 1 of roll if of hell 16.)	
(IF EITHER, NOTIFY MEDI	CAL EXAMINER)				
20c. TIME OF INJURY Hour o.m.	Month, Day, Year		CE OF INJURY (Home, form tory, street, office bldg., etc.		(County) (Stote)
p.m.	19	of work of work	ory, street, office blog., etc.		
21   certify t	hat (1) (this haspital)	attended the deceased fram_	mar. 11.	19 65, to nor 2	, 19_66 that (I) (we) las
saw the decea	sed alive an 2	ev. 1 19 66, and the	t death accurred at		an the date stated above
220. SIGNATURE					22b. DATE SIGNED
(a 1)	Di At	M.	D. PHYS.	MED. DIRECTOR PHYS.	11/2/66
22c. PHYSICIAN'S	auge 140	- Trug	22d. ADDRESS	711.3.	
NAME (Type)	A PAIG	E STRONG	FF	rostburg.	MJ.
J	77. 17716				(6
23o. BURIAL, CREMATION, REMOVAL (Angelity)	23b. DATE THEREOF	23c. NAME OF CEMETERY OR		23d. LOCATION (City or Town)	(County) (Stote)
REMOVAL (Specify)	Nov. 4, 1			Grantsville,	
24. FUNERAL DIRECTOR	John J. L	to Para ADDRESS			PAR'S SIGNATURE
John J. Hai	er. 238 Bal	to Ave. Cumberlan	d. Md DATE	10 7 1966 F	liarles judges

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. The profese remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to buriol, cremotion, or removal, and in any event, within 72 hours ofter-death Poge 4 may be retained by the hospitol or attending physician. VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death.

(51) (1) The second sec manufaction and the Toward Is all regular to the second to MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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dea	e Pa	W.		3	1 72
after	8. Giv	along	1	with h	withir
hours	Item ]	Office		l and 2	event
hin 24	ncil in	niner's		pages	in any
W	n pel	Exan		File	and
O DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is 📆 🛨	inding" ir	Medical		permit.	emaval,
pe	, be	hief		ansii	0.
shauld	e ward	o the C		urial-tr	nation,
ate	g th	ed to		o p	cren
certific	writin	rwarde		used as	burial,
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04	ertifi	plu	s.	aufd	pria
MINE	he c	Sho	r file	35	ent,
EXAI	ufe 1	age 4	yau	Page	p p
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EPU	SSOF	fune	ay b	NER	th a
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2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) 1. PLACE OF DEATH o. COUNTY Garrett b. COUNTY Raleigh W. Va. MARYLAND b. CITY OR TOWN (If autside carporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL part give reporest town) Minutes Beckley e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS Garrett Co. Mem. Hospital 100 Stanley St. YES NO IC 3. NAME OF Middle 4 DATE First Lost Manth DECEASED Russell Weeks Edgar DEATH November lst. 19 66 (Type or print) 9. AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS S SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED , last birthday) Days Hours Male White WIDOWED DIVORCED Oct. 31, 1913 10b KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT 10g. USUAL OCCUPATION (Give kind of work done COUNTRY? during most of working life, even if retired) **INDUSTRY** Whittaker, W. Va. Miner Coal 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Ton Ella Allen G. C. Weeks 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, ar unknawn) (If yes give war or dates af service 236-05-5204 Bayard, W. Va. N. Branch Coal Co. no INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) SANSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary occlusion, left. IMMEDIATE CAUSE (a) DUE TO Coronary sclerosis Years Canditions, if any, which gave rise ta immediate couse (o), DUE TO stating the underlying cause lost. 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? Myocardial infarction, old, right YES IN NO 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I ar Part II of item 1B.) PRIMARY I ar CONTRIBUTING I CAUSE OF DEATH 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) Haur a.m. factory, street, affice bldg., etc.) Not While at wark 21. I certify/that I took charge of the remains described above, held on Autopsy Inspection X Inquiry X, ond in my opinion deoth resulted from: Notural couses Accident Suicide . Homicide Undetermined monner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 11-1-66 DEPUTY MEDICAL EXAMINER EXAMINER'S James H. Feaster, Jr., M. D. Address (Street, city, town, or county) Oakland, Md. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23g. BURIAL CREMATION. (County) (State) 3/66 Blue Ridge Mem. Gardens Prosperity Va. ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR Oakland, Maryland DATE NOV Q

VR A15ME (5)

#### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 15699 HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) o. COUNTY b. COUNTY delay is and 3 to Page GARRETT MARYLAND Department of MARYLAND delay i b. CITY OR TOWN (If autside carparate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) ROUTE 40, FROSTBURG LIFE FROSTBURG d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS haurs along with farm State [ RT. 2, BOX 514 This certificate shauld be executed within 24 haurs after death. 3. NAME OF Middle First Last 4 DATE Month DECEASED the within JAMES WERNER NOVEMBER (Type or print) RANKTIN DEATH S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED Jost birthday) NOV. 16, 1941 MALE WHITE WIDOWED Office o event 10a. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (State or foreign country) 10b KIND OF BUSINESS OR during most of working life, even if retired) CORP. SPINNING MARYLAND Examiner's pencil i 13. FATHER'S NAMI 14. MOTHER'S MAIDEN NAME MYLES WERNER ELIZABETH IACOVONE pup IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. the Chief Medical permit. (Yes, na, or unknown) (If yes give war ar dates of service) remayal 216-40-3074

MYLES WERNER, ROUTE 2, FROSTBURG, 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO ished Chost Conditions, if any, which gave 11 rise ta immediate cause (a). DUE TO stoting the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 1B.)

20o. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year

death resulted fram:

20d. INJURY OCCURRED U

Suicide .

(City or town)

(County) (State)

GARRETT

IF UNDER 1 YEAR

12. CITIZEN OF WHAT

U.S.A

COUNTRY?

e. IS RESIDENCE ON A FARM?

YES NO

IF UNDER 24 HRS

Hours

Haur o.m.

1966

Natural causes.

JOSPEH R. DURST, SR., FROSTBURG, MD.

Not While

Accident X

Ractory, street, office bldg., etc.) 5M1. W. 21. I certify that I took charge af the remains described obove, held an Autopsy X,

Frestburgt Inspection X. Inquiry X

Undetermined monner

accident

Sairett, and in my opinian

ACTUAL SIGNATURE

JAMES FEASTER, M. D.

ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER

Hamicide [

CHIEF MEDICAL EXAMINER

22. DATE SIGNED

NAME (Type) 23o. BURIAL CREMATION.

23b. DATE THEREOF

23c. NAME OF CEMETERY OR CREMATORY

Address (Street, city, town, or county) 23d. LOCATION (City or Town)

(County)

EXAMINER'S

NOV. 21 166 24. FUNERAL DIRECTOR

ADDRESS

FINZEL CEMETERY

250 OFC P BY REGISTRAR 1966

FINZEL, MD.

VR ATSME (5)

5 may be 70 FUNERAL Health ar i

0

crematian,

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prior 3 shauld

designated agent,

D 90 burial, nsed

writing the word

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Page

the funeral directar.

MEDICAL EXAMINER:

#### MARYLAND STATE DEPARTMENT OF HEALTH

W. PRESTON STREET, BALTIMORE, MARYLAND Division of STATISTICAL RESEARCH AND 301

FOR STA

15700

#### MEDICAL EXAMINER'S CERTIFICATE OF DEATH

15702

10100				2 0 0 0 10
1. PLACE OF DEATH		STATE	(Where deceosed lived, if institution b. COUNTY	
o. COUNTY Garrett	MARYLAND	Ma Ma	ryland	Harford /
b. CITY OR TOWN (If outside corporate limits, write RUP) and any page town)	c. LENGTH OF STAY IN 16		utside corporote limits, write RURAL	ond give nearest tawn)
www woodstand	11 hrs. 35 mi	s Rural	- Pylesville	12.2
d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, gir		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Garrett Co. Memorial	Hospital	Box 195	Onion Road	YES NO 🔼
3. NAME OF DECEASED (Type or print) Everett Milton	Middle Winemi	Ller	4. DATE Month OF DEATH NOV.	25th. 19 66
S. SEX 6. COLOR OR RACE 7. MARRIED WIDOWED [	NEVER MARRIED DIVORCED	B-7-24		FUNDER I YEAR IF UNDER 24 HRS. Months Doys Hours Min.
	o of Business or Liture Facto:	11. BIRTHPLACE (Stote	co or foreign country)	12 CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
Arch Winemiller		Minnie	Morris	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes give wor or dotes of service) 78.	OCIAL SECURITY NO. 17. 1	NFORMANT	Address	(Widow)
No No	-22-9440 Mr	s. Selma	Winemilker, P	ylesville, Md.
IB. CAUSE OF DEATH (Enter only one couse per line for (	o), (b), ond (c).)			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	CORONARY	THROMBOSIS,	LEFT	PINSTIAM DEATH
420./ DUE TO	CAD ALL THE	0.03 - 10.00 - 0		
Conditions, if ony, which gove (b)	CORONARY	SCLEROSIS		(00) cloq (00).
stoting the underlying couse DUE TO				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT BELATED TO	TILE TERMINAL DISEASE CO	AND ITION CIVEN IN BART 1/-1	19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	D DEATH BUT NOT RELATED TO	HE TERMINAL DISEASE CO	INDITION GIVEN IN PART 1(0)	PERFORMED? YES NO
PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	CRIBE HOW INJURY OCCURRED.	Enter noture of injury in	Port I or Port II of item IB.)	
20c. TIME OF INJURY Month, Day, Yeor While of work	Not While focts	CE OF INJURY (Home, fari ory, street, office bldg., etc		(County) (Stote)
21. I certify that I taak charge af the rem	ains described abave, he	ld an Autapsy 🛅,	Inspection [X], Inquiry	and in my apinior
death resulted from: Natural couses			Undetermined man	
ACTUAL XX	- 1	CHIEF MEDICAL	L EXAMINER	OO DAYE GLOVED
SIGNATURE COLLEGE	when f		DICAL EXAMINER	22. DATE SIGNED
EXAMINAR'S James H. Feaster,	Jr., M. D.		AL EXAMINER Oakla:	nd, Md. 11-25-66
23d BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR		23d. LOCATION (City or Town)	(County) (Stote)
11/28/66	Fawn Grove		Fawn Grove,	Penna.
24. FUNERAL DIRECTOR John O. Durst	abbress ()	wat 250. REC		TRAR'S SIGNATURE
Leighton-Durst Funeral	Home Oakland	1 Md DATE	10V 28 1956 &	Charles Judge

PM3. Poge TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. Ale 5 moy be retained for your files.

VR A15ME (5) 6M 1/66

Maria and See appears on the con-

TO FUNERAL DIRECTOR: After this certificate has been signed by the aftending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit pennit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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VR AI5 (4) 20M 1/65 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
15701
CERTIFICATE OF DEATH
15703

_		. H									
1.	PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE b. COUNTY						
	h CITY OR TOW	Garrett	e limits	MARYLAND   c. LENGTH OF STAY IN 1b	C CITY OF TOWN	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
	write RURAL	VN (if outside corporat and give nearest tow	n)		C. CITI OK TOWN	(II outside con	porace minics, wi	Ito Holling	una 8110		
	Grantsville   Life				Grantsville //./						
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)				d. STREET ADORESS  e. IS RESIDENCE ON A FARM? YES NO						
3.	NAME OF	FI	rst	Middle	Last	4. DATE	Mont	h	Oay	Year	
	(Type or print)		ara	Y. Younkin		OF DEATH	TACA	28,		19 66	
5.	SEX	6. COLOR OR RACE	7. MARRIE		8. OATE OF BIRTH	9.	AGE (In years last birthday)	Months			
	F	l W	WIOOWE		Sept. 24,	1869	97 yrs.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KINO OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country)  11. BIRTHPLACE (County & State, or foreign country)  12. CITIZEN OF WHAT COUNTRY?											
	Housew	rife	0	wn Home	Grantsv	rille.	B. COUNTY  Garrett  Georporate limits, write RURAL and give nearest    County   County   County				
13.	FATHER'S NAME 14. MOTHER'S MAIOEN N									1	
	John Y				Doroth	ny Han:					
15 (Ye	. WAS DECEASEO	EVER IN U.S. ARMEO FO	RCES? 16	6. SOCIAL SECURITY NO.   17.	INFORMANT		Addre	SS		Md.	
	No			Mr	s. Doroth	ry Glot	tfelty.	Gra	nts	ville.	
	18. CAUSE OF	OEATH [Enter only on	e cause per	line for (a), (b), and (c).]	/		4	-			
	PART I. DEATH WAS CAUSED BY:  ONSET AND DEATH										
	IMMEDIATE CAUSE (a) Congestive Heart fullies										
	Conditions, If any, which \ (b) (Priles and Opportunity Heart Declare)										
	gave rise to Immediate (b) Welling School Figure 1										
	cause (a), stating the DUE TO										
Z	underlying cause last. ) (c) (c)									TAR ALITOPOV	
T10	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)								19. W	ERFORMED?	
ICA									YES	NO 1	
CERTIFICATION	20a. ACCIOENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING CING CAUSE OF DEADTIFY MEDICAL EXAMINATION	20b. TH NER)	DESCRIBE HOW INJURY OCC	CURRED. (Enter nature	of injury in Pa	art I or Part II o	of Item 18.	)		
MEDICAL											
	Hour a.m. While Not While factory, street, office bldg., etc.)										
M	p.m. 19   at work										
	that and the state of the state										
	saw the deceased alive on 11123 1966, and that death occurred at 9A M, from the causes and on the date stated above.										
	Tarolal Rambus Mile, PHYS. DIRECTOR PHYS. 1 /1000 30, 1966									1,1466	
	22c. PHYSICIAN'S NAME (Type) // O DOLL O DOL										
	HAKOLD UKAMONS MARKLEYSBURG, PA.										
238		MATION, 23b. OATE	HEREOF	23c. NAME OF CEMETE	RY OR CREMATORY	23d. LC	CATION (City, t	own or cou	inty)	(State)	
	Burial	17/30/	66	Grantsvill	e Cemeter	v Gran	ntsvill	e.Ga	rret	tt, Md.	
24		ECTOR	1	ADDRESS	25a. F	REC'O BY REGI	STRAR   25b. R	EGISTRAR'	S SIGNAT	TURE	
	You Y	Newman		Grantsvill	e. Md . DATE I	DEC S	1966	Melian	10.0	4100	
	- //		_	OF OTT A D A TTT	7   UNIL	Pau V	10.00		-		

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